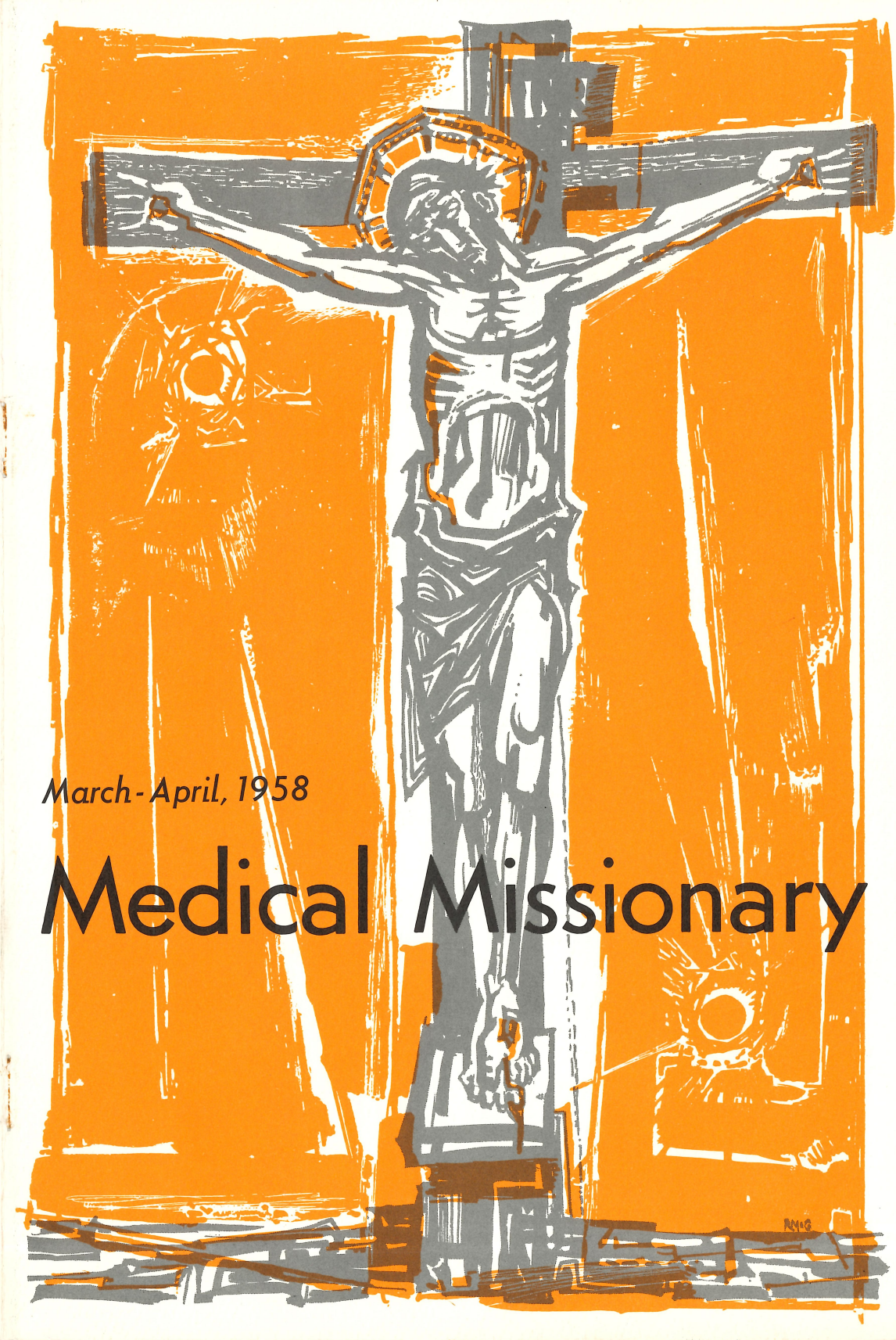

March - April, 1958

Medical Missionary

Published by the
MEDICAL MISSION SISTERS
Vol. XXXII, No. 2 March-April, 1958
Editor: Sr. M. Angelica; Business, Sr. M. Cabrini

the medical missionary

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THE MEDICAL MISSIONARY IS PUBLISHED BI-MONTHLY WITH ECC. APPROBATION BY THE SOC. OF CATH. MEDICAL MISSIONARIES. SUBSCRIPTIONS, $2.00 PER YR.; 2 YRS. $3.00; 5 YRS. $6.00. ENTERED AS 2ND CLASS MATTER SEPT. 11, 1928, at the POST OFFICE of PHILA., PA., under the ACT OF MARCH 3, 1879.

The Medical Mission Sisters, founded in 1925, by Mother Anna Dengel, M.D., are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, Indonesia and South America. American Provincialate: 8400 Pine Rd., Phila. 11, Pa.

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Mother Anna Dengel, M.D.

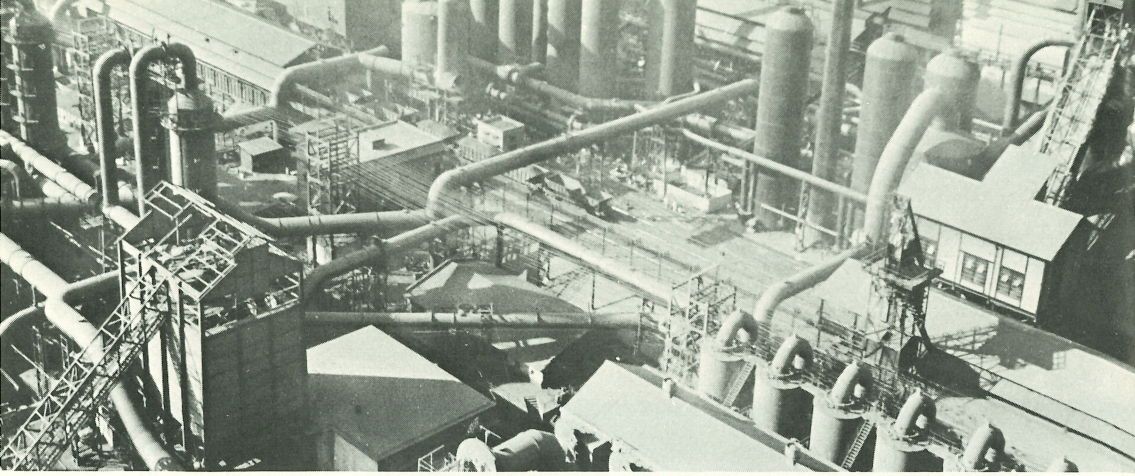
East meets West

Mother Anna Dengel, M.D. (right) with Sr. M. Felicitas, R.N. on a recent trip to the Philippines.

When I stepped off the plane in Karachi after 24 hours, I could not help but think of the month's journey by boat in 1920, when I went to take charge of a little hospital for women and children in the far Northeast corner of India. At that time in this remote area things still seemed static, still mostly at the "kismet" stage. Schools for Indian boys were few, and for Indian girls still fewer. The general trend was that they were not necessary for women.

However, things were not as dormant as they seemed on the periphery of the country. In the big cities further south, stirrings of national consciousness had begun already early in the 19th century and steadily gained momentum among the educated. After the first World War, it progressively captured the masses under the leadership of Gandhi and culminated in complete independence after the second World War. The subcontinent was then divided into India and Pakistan and each left to work out its destiny. Of course, one must not forget that India had a hundred years of British organization to fall back upon, and many hundreds of years of Christian influence, even back to the time of St. Thomas.

Every time I visit the East, I say to myself that in my wildest dreams I could never have imagined that such an evolution, such a revolution, would be possible. The most striking thing is how the sense of freedom and dignity liberate such great energies for the progress of the country. There is not only a veritable passion for a higher standard of living but an iron determination to achieve it. It is an enormous task in India to raise the food calories from mere subsistence to a normal level; to raise the life expectancy



which is now 32; to increase literacy from 20% to 100%, as the Indian constitution contemplates doing eventually by introducing compulsory education. The first Five Year Plan was a big step towards the goal. Large scale projects have been achieved. For example, the Bhakra-Nangal irrigation system in the Punjab which promises to turn millions of dry acres into fruitful land; the Indian village development program which involves not only increased food production but public health and education. This program now covers more than 100,000 villages with about 70 million people involved — the largest project of its kind in the world. There is also the vast hydro-electric program, the increase in steel output, enlarging of the oil refining industry and many other industries.

What struck me particularly this time as paradoxical is this, that India and all other Eastern countries being so pro-East, and understandably so, nevertheless adopt Western ways and means to modernize and socialize. One has only to pass through Jamshedpur, the steel mill city, or drive through acres and acres of new houses in Delhi to see how similarly modern everything is.

From India, I flew to Manila, and from there to Indonesia, that paradise of 7,000 isles. Our Dutch Sisters conduct the largest Midwifery School in Indonesia; it is located in Makassar, on the Island of Celebes. Last year, the 25,000th baby was born in the ten years of the School's existence. Midwifery there, as in the whole of South East Asia, is very important because of the scarcity of doctors. After graduation the students of our midwifery school are often stationed on islands where there is no doctor at all and they have to shoulder great responsibilities.

During my visit to the school, the students from various Islands, arranged a most enjoyable program with gamelon music and their own presentation of dances, songs and recitations. One of the performers was a princess. She wanted to serve her own people. The nobility of service is one of the signs of the new era. On an occasion like this, one gets to know the people much better, one sees how much culture, how much refinement, deep sentiment, and tradition there is in every nook and corner of the Orient. If only the West could see more of it, how enlightening it would be.

With one of our Sisters, I called

Medical College Building
Poona, India

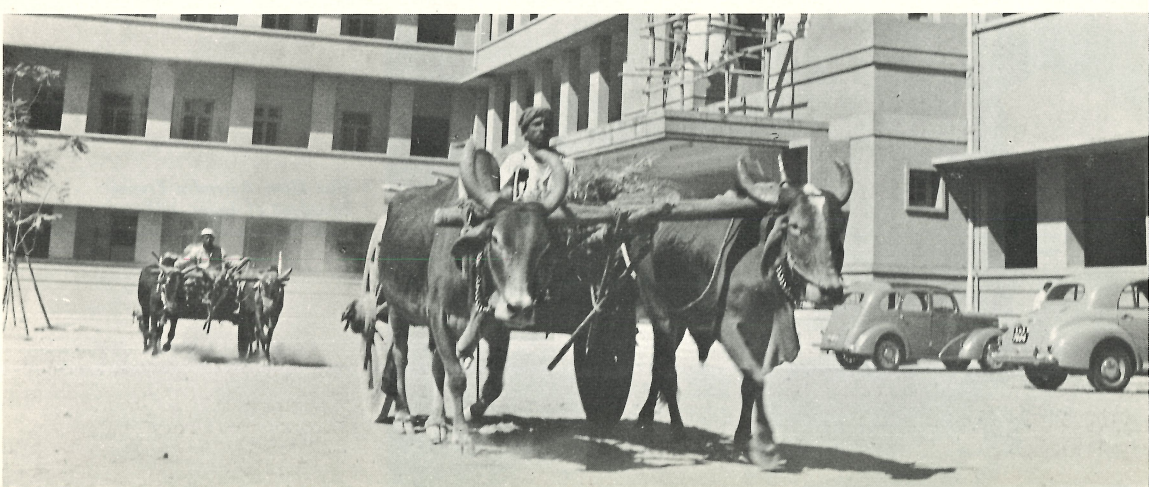
Steel works
Jamshedpur, India

on a Bishop in the East in whose diocese we have a hospital. The whole theme of his conversation was patience, one must have patience. "You Westerners", he said, "must have patience now before we can trust you — before we entrust you with work in our midst. There are many wounds to heal, many wrongs to be made good, many sore spots to be left untouched." If we put ourselves in the place of the Orientals, we would probably be less tolerant. We must be patient and understand. Our sincere love will prompt us to continue to serve wherever, and in whatever capacity, we are needed, to achieve their yearning for a place of honor and dignity. It was Madame Pandit, the sister of Nehru, who said: "There are millions in the world whose hunger is for food, but the greater yearning is for a place of honor, and equality." The stage is now set for the peoples of the world to have it, but a lot of acting has to be done to make it a reality.

Let me make a short jump to Africa. For me it was short, because I flew—thanks to a generous benefactor, who paid for the trip. My first major stop was in Johannesburg which has a definite American look. Outside the city there are mounds of earth which harbored diamonds once upon a time. South Africa is the land of gold and diamonds, of weath and misery, where the yearning for honor and equality seems to be furthest from attainment.

Our work is in an industrial hospital in a new town several miles away. The hospital serves six gold mines that employ 23,000 Negroes recruited from far and near for a certain period of labor, after which they return to their primitive life.

The hospital is most modern, has 750 beds and is always full. I walked through the wards and saw the Negro orderlies who are trained by our Sisters. I had a better chance to learn to know them at the entertainment they arranged. The young man who introduced the program gave me the greatest thrill when he said, "We are giving this program to express our respect and love." This wonderful combination of feelings, so spontaneously expressed, showed me the worthwhileness of our Sisters' dealing with them. They have respect and love for us, because the Sisters have respect and love for them, and for the patients. These orderlies, like the other thousands who come from the far-away Bush



India's goal is to increase literacy from 20 to

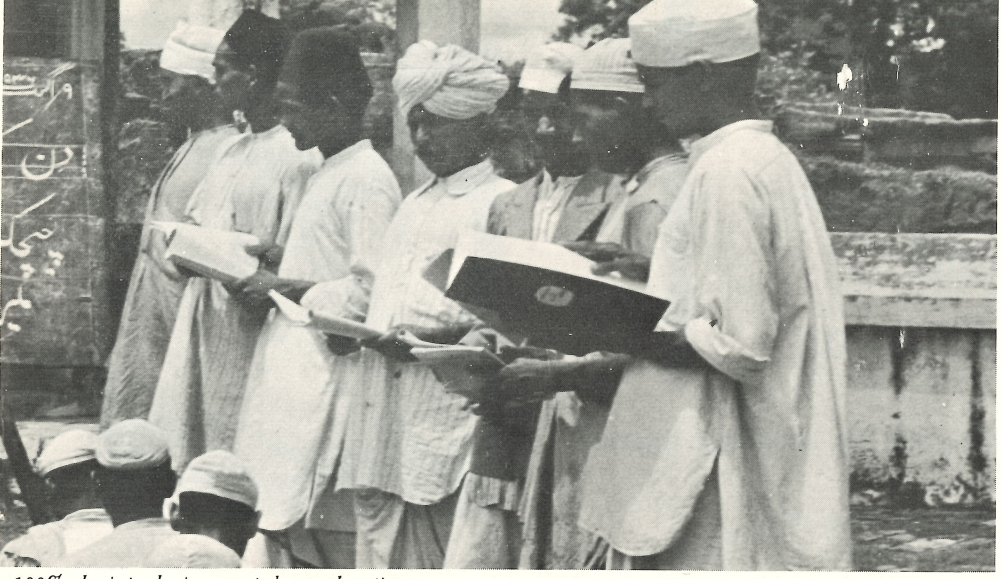
to work in the mines, return there different men — bespectacled, and clothed, and shod with new ideas and ambitions. In an inevitable, though not purposely planned way, they keep on spreading modern civilization in an effort to gain honor and equality and a better standard of living.

* * * *

To sum up my impressions: Africa is very different from Asia, and both are different from Europe and America, but fundamentally, our human aspirations are the same. And the consoling thing is that now, more than at any time before, there is a reasonable hope, that these legitimate aspirations for human dignity and human rights, including a decent standard of living, are attainable for all, at least potentially, and actually, if everybody does his part.

The Orientals and Africans have enough philosophy and joy of life to withstand a lot, but they are up against a difficult choice in many cases. Old superstitions and customs are irreconcilable with their emancipation; they have to find real values or fall a prey to materialism and secularism which do not satisfy thinking people. Unfortunately, many have already fallen a prey to

The Hon. Rajendra Prasad, President of India, talks with Mother Anna Dengel, M.D.



100%, *by introducing compulsory education.*

these "isms" because the fountains from which they drew their knowledge had nothing else to offer.

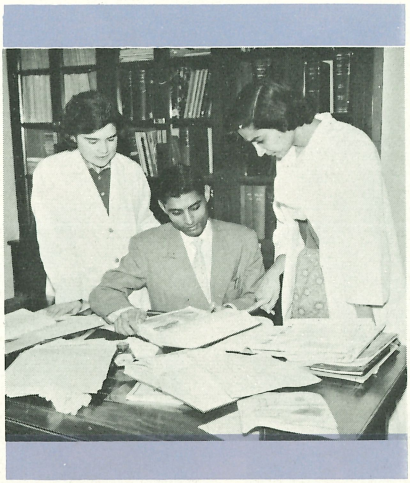
For us, who are after all paramountly interested in the purpose and goal of life, we, have to ask ourselves . . . Do we grasp? Do we understand? Do we care whether this scientific technical know-how which is so avidly sought and brought home by the Africans and Asians is coordinated with the purpose for which the Creator made it and gave it . . . namely to know and serve Him better? Or are the new wonders handed on proudly as the work of man to be used without regard to the laws of God, without acknowledging Him as author and creator?

Here is a mission field of great importance for the laity, here at home . . . to make every phase of Western civilization function according to the laws of God. Such a civilization would appeal to the Asians and Africans. It is nearer to their own, than a godless one. They would look and listen and choose for themselves, they would adapt their findings to their mentality and traditions and enrich themselves and the rest of the world spiritually and materially with their special genius.

Madame Vijaya Lakshmi
Pandit of India—
Nehru's Sister.

Treating and Training

Program for Pakistani Interns



Sister M. Elise, M.D.

"Let's go and have another look at the X-rays. It's a nasty skull fracture, there is no doubt about that. But poor old Ali Mohamed, he looks so good, that I can hardly believe he has much brain damage. I hate to operate on him, unless it is really necessary".

Ward rounds and X-ray viewings are a good way of giving interns clinical teaching. That is how they learn to integrate the X-ray and laboratory findings with the actual condition and needs of the patient. Sister Barbara Taggart, M.D., goes to endless trouble to explain these matters to her three interns: Dr. Ikram Ullah, Dr. Sohan and Dr. McCarthy. Day after day they can be found, bending over the beds in the wards of Holy Family Hospital, Rawalpindi, Pakistan, trying to decide on the right diagnosis and the proper line of treatment. It is interesting to watch the various nationalities and personalities complement each other. They have their health arguments, and many a time the table in the library will be covered with books, tumbled off the shelves to settle a dispute or confirm a point. That makes people grow inside.

Sister M. Barbara Taggart of Wilmington, Del., has had ten years' experience in India, in a village hospital which takes in all sorts of medical and surgical patients. With a minimum of laboratory and X-ray facilities she has learned to get most people on their feet again, despite their serious illnesses and injuries. This skill, superimposed on a good foundation of training in the U.S., has given her a large armamentarium of treatments, especially along surgical lines. Hers is the final, balanced judgment that decides the issue in doubtful cases. Her interns have learned to bow before that skill. As one of them expressed it: "The trouble is, she's always right!"

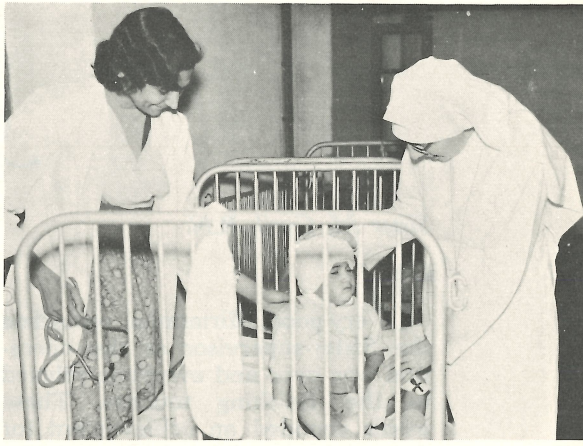
Dr. Anita Sohan came to us two years ago, straight from Fatima Jinnah College in Lahore. She was one of the first graduates of that institution, the only medical college for women in the whole of Pakistan. It has given her an excellent theoretical grounding, of the kind that creates an orderly mind and a wide interest in medical matters. On top

of that, Dr. Sohan has a real gift for surgery. Her thin hands can manipulate tissues and handle instruments as if they had been made for it . . . which they undoubtedly were. She now does a hysterectomy as neatly and as swiftly as her chief. Her clinical judgment and diagnostic acumen are growing steadily. Soon she will go to England to complete her FRCS training, and then she hopes to return to Pakistan to devote her life to the practice of surgery, which is so sorely needed in this country.

Dr. McCarthy has just come out from England, with her engineer-husband, to spend a few years of her life in this country. Professionally speaking, this place is a paradise for a doctor. She will see more serious and more varied illnesses here in a year than she would encounter in a lifetime in England. Her eyes simply sparkle every time she finds a huge tumor, or diagnoses typhoid on the history and physical examination. Her main interest is with the babies. "I didn't think it was possible for a three month's old baby to have amebic dysentery and 50% hemoglobin", she will exclaim. Giving blood transfusions to small fry is no easy task. Many a time she calls her chief on the house phone: "Do you think you could find a vein for me?" But she is always ready to search again, on the next one.

Dr. Ikram Ullah is our lone male intern, but he manages to hold his own at the doctor's meetings, by dint of saying very little, and that always to the point. His gentle manners and soft voice have created a happy atmosphere among the male patients, despite the constant presence of the Pathans, who are a fighting tribe. Dr. Ikram Ullah is good with babies, also, Small boys follow him around like puppy dogs. He'd make an excellent pediatrician. His interest lies mainly in general practice. As his family lives in Rawalpindi, he will probably settle down here, and continue friendly relations with the hospital.

Training, developing and guiding these young doctors is an important task for our hospitals in India and Pakistan. Our Sister-doctors cannot rest content with doing the work themselves. They must hand on their skill and experience to others, and so multiply themselves for the future. Teaching others is better than doing it yourself. It is, moreover, a fascinating and rewarding experience. Many of the medical graduates of this country do not get a chance of a good internship, as there are so few well equipped, teaching hospitals. They really appreciate what we are trying to give them. Many of them still write to us and visit us when they can do so. Thus the ties between East and West are strengthened, as the doctors from the two hemispheres meet, and walk down the road together.



Dr. Anita Sohan, Intern, Sr. M. Elise, M.D., and Jamilla who fell from a roof two weeks before.

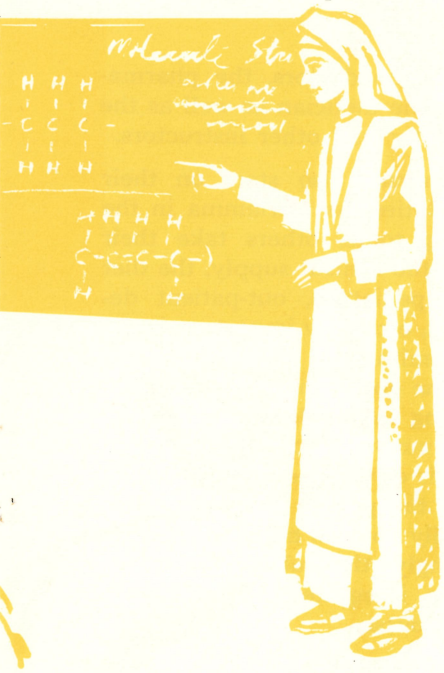
India's Nurse in the

Sister M. Cyril, R.N.

'Very good, Miriamma', remarked the Sister-supervisor as the operation was over and everyone relaxed in the finishing touches. These words sounded an achievement for the beaming, little student nurse who was assigned to the operating room recently and was now able to 'scrub up' by herself. She was, indeed, as her counterparts in other sections of the world, an important member of a professional hospital team. In this case, she had played her role well in the surgery of a tumor removal, that was able to give Sam Sakhi, admitted at Holy Family Hospital, a new lease on life.

It hardly seems possible that this little Indian nurse with such poise, conscientiousness, devotedness and alertness to the surgeon's need was less than three years ago, an awe-struck probationer entering the nursing school. She with her companions from South India rode in a train for the first time in leaving home more than a 1000 miles away, had never been in a hospital before and most bewildering of all, could hardly understand a word when Sister spoke to her in English. Her story is that of the training school.

In the P.T.S. (Preliminary Training School) there is a variety of



Making

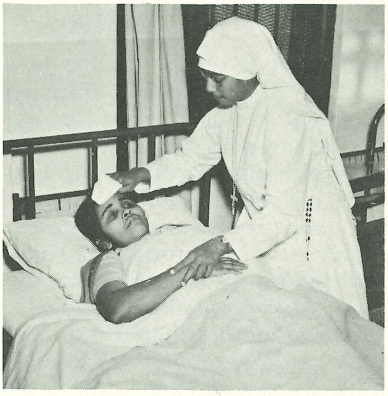
types of students from all over the country with a preponderance usually of South Indian girls. Also, from different religious communities in India, come quite a number of candidates for admission. Altogether they form a conglomerate group of cultures and languages — the girls speaking in their homes, Nepali, Bengali, Hindi Ouran, Malayalam, etc., or as in the case of the Anglo-Indians chiefly, English only. Their common denominator, so to say, is the possession of a high school education and a supposedly working knowledge of English.

There is no doubt that language is a problem and obstacle. But then with extra English classes and hard study, what a joy to the teacher when finally answers are to the point and papers show a comprehension of what is being taught. In this instance, as well as in the entire training period, the girls show what can be done with high ideals, inherent industry, educational background and determination to meet the challenge of an opportunity.

The first part of the course is a gradual orientation to the nursing and medical field. Classes in hygiene are stressed as a basis for health work—limited home circumstances give the students little insight or background for this profession. They struggle through the practice and theory of Nursing Arts, the sciences: Anatomy and Physiology, Chemistry, Physics, then First Aid, Nutrition, Dosage and Solutions, but it is Bandaging they especially enjoy as they artfully apply the fancy forms and various types after long periods of practice.

After the first six months (some hospitals, three) the eligible students receive their caps, as a crowning merit of their efforts and with this symbol of their dedication there is a greater stimulus to carry on. Though classes continue, they are less in number and more time is spent in duty and practice on the wards.

After the first year, the government Registration Council examinations, written, oral and practical are taken at the center. Passing these, truly marks a major step. As seniors, they take all the advanced nursing classes of medical and surgical diseases, dietetics, psychology, etc. that are recommended by the Indian Nursing Council syllabus. At this point too, everyone on the hospital staff seems to take part of the

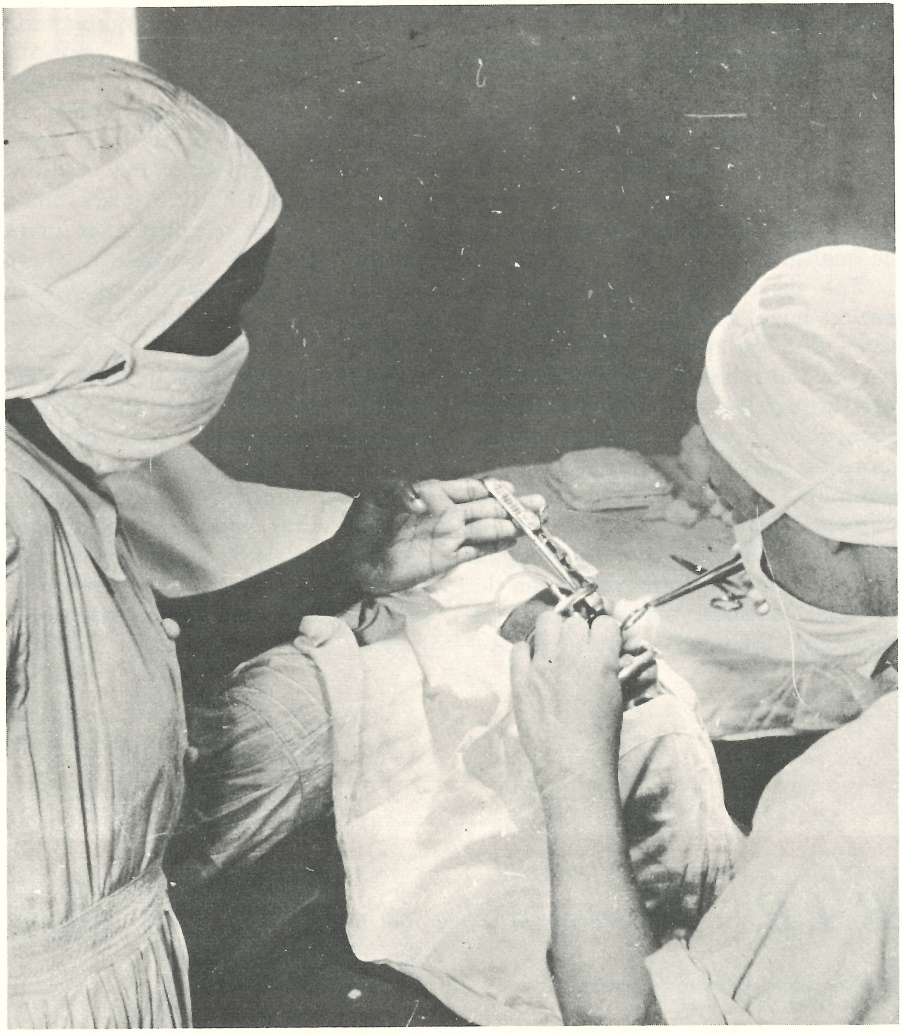


teaching; the doctors, the pharmacologist, the dietician as well as the Sister Tutor and other instructors.

The nurses also start on their special duties. As Miriamma in the operating room, others take their turns in the central supply, the diet kitchen, pediatrics, out-patient department, etc. Very important is the public health field work in the villages. The government 5-Year Plan is pressing the medical and nursing services out from the cities into the thousands of villages of India where 90% of the people live and where practically no such help is available. Accordingly, the subject of public health is integrated in the entire nursing course.

About the third year, and thereafter, one is pleased to see in many of the nurses a maturing personality with responsibility and poise that shows in part, the efforts of a spiritual, mental, social and technical development. Let us look around. There is Miriamma's classmate, Theresakutty, who is in charge of the men's ward, part time, and is now admitting a serious cholera patient. She is starting the subcutaneous infusion immediately on the standing orders of the doctor, and checks up on the isolation set-up with the Junior nurse who is in-

TOP TO BOTTOM: Sr. M. Alma, M.D. caps Miriamma. Nursing in the ward.
Sr. M. Cyril, R.N., demonstrates tube feeding to student. Pediatric nursing has its rewards and joys.



Miriamma helps Sr. M. Barbara, M.D. to do a tonsilectomy.

structed with further details. Of course, there is a smile and cheery consoling word for the patient as well as for the relatives. There will be more to tell them about the cause and prevention of this menacing disease later. Agnela, another senior, is tube-feeding a tetanus baby 9 days old in pediatrics. There is so much careful watching, in nursing this little mite of five pounds. Although, a graduate nurse is in charge, Agnela has her responsibility to report unfavorable signs of distress, give the injections and sedation as ordered and prevent any undue stimulus by handling or noise (in a crowded ward!); that, sets off the baby in a spasm and the mother in a heart pang . . . and tears. If the

baby 'makes it',—thanks be to God —and Agnela, for her conscientious, devoted efforts.

In the diet kitchen under Sister's direction, Gopi is setting up attractive trays for her special diet patients. Irene, another student, is in the village with Sister teaching public health.

The three years of the training period have sped by and this awesome life has become very much a part of the nurse in her assimilation of it through lectures, demonstrations, supervised practice, bedside clinics, morning ward conferences, student seminars, the examples of her seniors and personal correction and instruction. With this, her professional and social conscientiousness has developed through her everyday associations, her participation in student councils, nurses' organization projects, 'family' parties, contests, dramas, dances, picnics, teas, meetings, glee club, etc. And above all this, being in one of the few Catholic training schools of her country, all her life and activities are being permeated with a spirit that gives nursing its real worth—to serve God in His sick and thereby earn one's salvation and sanctification.

After three years with the passing of the final examination of the Registration Council, comes the exciting climax of graduation when Miriamma and her class in a glorious ceremony receive their distinctive marks on their caps and the long-desired certificate of R.N. She now becomes a member of a noble profession so welcome in a land that needs many nurses.

R.I.P.

Please pray for our benefactors recently deceased:

Rt. Rev. Msgr. Edmund J. Burns
Watervliet, New York

Mrs. John V. Allen, Jr.
Philadelphia, Pa.

Mr. Joseph Paul Burg
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Mr. Patrick Delaney
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San Pedro, California

medical mission world

Sr. M. Janice

PUERTO RICO HEALTHIER THAN U.S.?

In an intensified health and sanitation campaign conducted recently in Puerto Rico, the death rate has been brought to a low 7.2 per thousand. This is two points lower than the United States. The life expectancy on the island is now 68 years. During the program, emphasis was placed on the building up of health centers and hospitals. In the past decade they have established 24 health centers, a 1000—bed psychiatric hospital and an 800 — bed tuberculosis sanatorium.

New York Times

WATCH YOUR STEP!

The U. S. Public Health Service is launching a large-scale program during 1958 for prevention of home accidents. It is reported that accidents are the leading cause of death of Americans from ages one through 34. Disabling injuries add to the toll with more than 9 million persons disabled annually, of whom more than 300,000 are permanently disabled.

Scope Weekly
January 1, 1958

INDONESIANS FIGHT MALARIA

Only five years ago in some areas of Indonesia, one baby in every two had malaria before it was a year old. Now, most children born in the same area will never have the disease. Indonesia waged one of the most ambitious and successful malaria control campaigns in southeast Asia. The control program consisted of three annual sprayings of DDT in an area of 4,000,000 Indonesians.

ASIAN STUDENT
Oct. 22, 1957

INDIA NATIONAL CATHOLIC NURSES GUILD

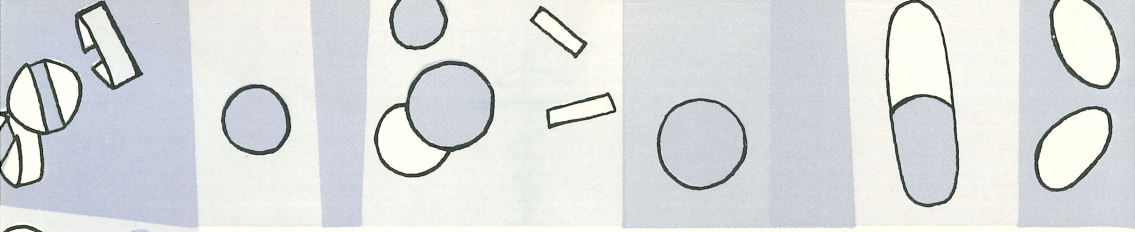
On October 11, the National Catholic Nurses Guild of India became an established fact, and on the same day it was affiliated to the Trained Nurses Association of India. Of the 8,000 registered nurses in India, about 3,000 are Catholic. The new Catholic Guild already has 1,500 nurses enrolled. India needs 43,000 registered nurses if it is to meet the demands of the second Five Year Plan in its medical phase.

FIDES
Nov. 9, 1957

TEACH AS YOU TREAT

With this as their theme, the Training Center for doctors, health visitors, midwives and sanitarians, at Poonamallee, India, aims to equip trainees with simple but effective tools of public health promotion. The Center, started in 1954, recognizes the fact that the health of the nation is by and large that of the villages, where 85% of the people live. For a rural doctor especially, enforcing health and sanitation, should be as much a part of his work as treating diseases.

Asian Student December, 1957



NEW PILLS FOR OLD ILLS

Sister M. Jane Francis, B.S. Pharm.

Since Independence there has been an increasing desire on the part of many Indians to raise the standard and to organize a control of drugs throughout India. The impetus has been given by those who have been abroad for study and have seen the advantages of having a well-developed profession of pharmacy which ensures a high standard of education and integrity among those who practice it. At first these educated pharmacists returning to India found very few manufacturers interested as to whether their medicines were therapeutically effective or even safe for administration. At the same time doctors began prescribing the new medicines that were being imported. But the "compounders" who had been filling prescriptions and had learned their trade of making simple mixtures and ointments from their fathers knew very little about these new products. On the other hand there were many young people growing up who were hearing about the "wonder drugs" and wanted to know more about them but could not go abroad to study.

The educated pharmacists began pooling their resources and mobilizing the cooperation of others by forming state associations and gradually amalgamating into the national Indian Pharmaceutical Association. After obtaining Government recognition they passed a drug law to control the standardization of medicinal products and to set minimum educational requirements. Now that standardized medicines are in demand and many young students who are finishing secondary schools are anxious to study pharmacy, pressure is being applied to state universities to open Colleges of Pharmacy.

In 1951 here in Bihar, those who were practicing pharmacy were notified that they would have to become registered, the minimum requirements being only five years pharmacy experience. However, very few persons were interested in it as they doubted that it would be enforced. Since then a secondary school certificate, a two year course at a recognized training center and a passing mark in the state examination, have been

required for registration. When railway and Government hospitals began replacing their "compounders" with registered pharmacists, and Government inspectors began checking the registration from all over the state, a last chance was given to the "compounders". But this time, besides five years experience they had to have a secondary school certificate and take a pharmacy examination. In November, 1957 the Bihar Pharmaceutical Association gave examinations to 1300 such applicants. According to the National Drug Law, from March 1959 the minimum requirements for registration will be a two year college pharmacy course and a state examination.

For the past ten years, as a council member of the Bihar Pharmaceutical Association, I have been following this development with keen interest and whenever possible have tried to encourage it. Here at Holy Family Hospital we have a three year course with a secondary school certificate as a prerequisite. During the first six months the students take the regular preliminary training course with the nurses in which they receive classes in English, Hygiene, First Aid, Anatomy, Physiology, Dosages and Solutions, elementary Chemistry and Physics, Microbiology and Bandaging. After passing examinations in these subjects they begin their pharmacy course which consists in supervised practical experience in the mornings, and classes in Pharmacy, Pharmacology, Chemistry, Professional Adjustments and Ethics in the afternoon. At present we have eleven pharmacy students in the two hospitals. They make the routine stock preparations and become familiar with the modern proprietary medicines by supplying them to the wards and by filling the out-patient prescriptions. They learn to make glucose and saline infusion solutions and many other common injections. They also assist the doctors in the out-patient clinics, and give the injections and treatments, as well as countless vaccinations against smallpox, cholera and typhoid. Six months practical experience is obtained in the hospital clinical laboratory where they learn to do blood counts and to test for the presence of parasites, tuberculosis, typhoid, syphilis, kala-azar and other diseases common to Patna.

We have neither the teachers nor the science laboratories necessary for the college course. But when Patna University opens a College of Pharmacy, as we expect them to do in the near future, the students can come to us for their practical experience and we will help them to become prepared to do their part in raising the standards of the profession of pharmacy in India.

Sr. M. Francis Xavier, medical student, Lady Harding Medical College, New Delhi, India.

Below—Indian Sister Novice, Poona.

Training India's Daughters

Sister M. Xavier

When we landed, or rather, when we were marooned in Bombay harbor, (due to a dock strike) on December 4, 1947, I thought that at last I was nearly at my journey's end, and was happily looking forward to spending the rest of my life in our village hospital in Mandar. Alas, less than nine months after I arrived in Mandar, I received word to proceed to South India at once. This came as a real shock to me. Another shock followed quickly when I realized that to go to our South Indian novitiate meant learning Malalayam, which I had heard was the hardest of the Indian languages to master . . . even more dif-

ficult than Chinese. Besides, I had been in India only a short time, how could I be mistress of novices to Indian Sisters when I scarcely knew their country, or their language? Moreover, they were of an Oriental Rite known as Syro-Malabar.

Proceed at once were my orders. There was no time to write to the Sisters that I was coming, so I sent a wire announcing my arrival.

At last we came to Alwaye, I will always remember this place. Blissfully I got out of the train, and very happily and confidentally looked around for a Medical Mission Sister, but alas there was none. I did not realize that in those days telegrams arrived a week after you did, so of course, no one knew I was standing in the Alwaye Station. Bus after bus, pulled out. What to do? Finally with great effort, I got one man to understand (in Hindi) that I wanted to go to Kottayam. He gave me to understand (with a little Hindi) that I had missed all the busses for Kottayam, and would have to wait at least an hour, if not longer, for another bus. At long last I was on my way to Kottayam, over four hours of roads not known in this country. At one point, a lady got off at her stop. I was intrigued by her skirt. It was folded in perfect precision like a real fan and it covered her whole back. Evidently, the gentleman across from me, noticed my interest, and said in perfect English, "this part of the country must be new to you. That lady is a Roman Catholic. You can tell by the flare of her skirt. The different creeds wear their skirts in different ways." Thereafter, I found this a pleasant pastime as I passed to and fro, and crossed and doubly-crossed India many times in the next ten years.

As we drove along through the beautiful hills, coconut palms, and banana trees planted beside running water and canals, my heart lifted; in the midst of so much beauty I could no longer feel I was an exile. Another thing, I noticed, were the homes scattered here and there, not in compact, overcrowded family villages that one finds in other parts of India. And the many

Sr. M. Xavier giving class to novices and postulants, Poona, India.

little chapels and churches here and there over the hills! We were indeed in Christian parts.

At last the bus stopped and a gentleman motioned to me to get out. This must be Kottayam. When I alighted, a dozen rickshaw men all swarmed about me, all grabbing my bag at once. After much gesticulating in English, Hindi and sign language I got them to understand that I wanted to go to *Mary Giri.* They all shook their heads—there was no *Mary Giri;* only one man insisted that I wanted to go to the little Seminary. I told him—not a seminary, a convent, but to no avail. What to do? I couldn't stand out in the street all night, nor could I hope to master Malalayam overnight, so I put myself into his hands . . . and twenty minutes later we turned into a large churchyard, which I thought really looked like a Seminary. Suddenly I got a glimpse of a Medical Mission Sister! It was as great a surprise to them, as it was to me. The Sisters were living in a place which had formerly been the little Seminary! Now it was called *Mary Giri.*

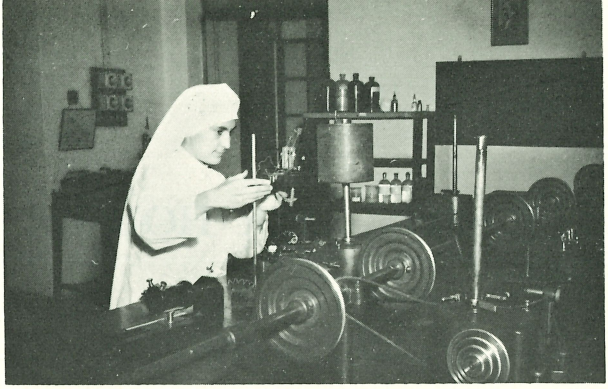
I had a still greater surprise in store for me. When the bell rang for the community to assemble, all the Sisters spoke English. God did not give me the gift of tongues, but gave it to them.

Now my real work as Mistress of Novices began. The vocation of a Medical Mission Sister requires a solid spiritual and professional preparation. She must be taught to care for the sick as she would serve Christ, her Lord. To her, medical care must be the expression of true Christ-like charity and a way of making Christ known and loved. Hence the need of years of religious training in the novitiate.

This was my responsibility—their spiritual training. But even this was made easy. These Indian girls for the most part were from boarding schools where life is as strict and disciplined as in our postulate. They were used to having silence at meals; grand silence at night; spiritual reading and prayer in common; daily Mass and Holy Communion; penance for infringement of rules; visitors allowed only on certain days; all perfect training for the religious life. These girls do not have to make as great an adjustment as do American girls entering the religious life —no TV, dances or gay parties to give up.

In India, parental authority is never questioned, the father's and mother's word is always law. Thus one can say, that obedience comes a little easier for these girls. As Indians are at heart, a deeply religious people, they lend themselves readily and eagerly to the religious life; they are naturally inclined to advance in virtue and very anxious and very earnest to improve. What a great joy it was for me to see these shy, timid, sensitive girls grow up and develop into self-reliant, dependable, religious women.

There is a tremendous field and need for the care of the sick in India.



Sr. M. Francis Lourdes
Medical Student
New Delhi, India

Throughout the continent large sections of the rural and even urban population are left without medical care, because there are not enough willing and skilled hands to care for them. In many areas hospitals are few, and far between. To make it possible for more Indian girls to offer themselves for the care of the sick, as Medical Mission Sisters, another Indian novitiate of the Latin rite was established in Poona, near Bombay, in 1952.

Once again I crossed the face of India to take up this work, which was even a greater challenge than in the South, for in Poona I not only had South Indian girls, but Goans, East Indians, Aboriginals, Anglo-Indians, and Nepalis, all at once. There were just as many languages and temperaments as there were people. Again, a great blessing—all spoke English, besides their mother tongue.

It was a great privilege for me to have helped in the formation of our Indian Sisters. A tremendous future opens to them, also great responsibility. They are to take over our work and carry on this beautiful apostolate and I am confident that many Indian Sisters will come forward to do great things for God and their fellowmen. Our Syro-Malabar Province, down in the South, already has its own Provincial, and two hospitals under her charge. Two medical students from the South are studying in England. Two Indian Sisters from Poona are studying medicine at Lady Hardinge Medical School in New Delhi. Two others have finished their pharmacy courses and are busy working side by side with American Sisters in our hospitals. A large number come to us already trained as graduate nurses; others begin training after profession. There is one of the Indian Sisters studying under the American Technical Cooperation Program in Delhi.

What country offers more opportunities for selfless dedication and service than the India of today! Truly, a legion of Medical Mission Sisters is needed.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $----------for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

NEWS FROM OUR HOUSES

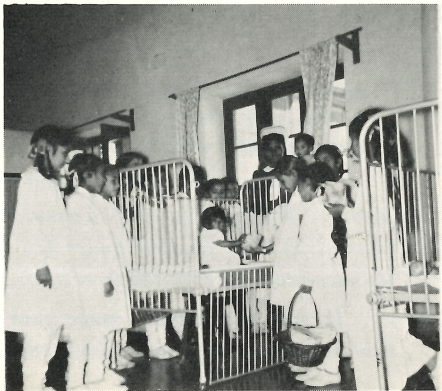
PAKISTAN

Pakistan Republic Day

March 23rd, was celebrated and enjoyed by the people of the country. Big cities and small villages had their festivities and Holy Family Hospital was no exception. Early in the morning the colorful green and white flag was raised high over the roof of the hospital. It joined "Our Lady" in her silent watch over all who enter the grounds. The patients were each reminded of the Day by their breakfast trays which, besides extra special food, had flag-covered candy cups decorating them. Later, a visit from the "Bluebirds" from St. Therese's Grammar School, filled the hospital halls with their songs and delighted the patients as they went from one to the other distributing their little bags of fruit and candy. Pediatrics was first on their list and one wondered who was having a better time—the white-frocked, blue ribboned "Bluebirds" or the wide eyed, smiling patients. Little Ashraf who's just well enough to sit up now after a siege of typhoid fever was so intrigued by the colorful orange and little plastic doll that she couldn't even take time out to look at the camera. Leaving pediatrics the "Bluebirds" scurried down the hall to women's wing, obstetrical, medical, surgical, and in each ward found a warm welcome to their songs and baskets. Then, on down to first floor, male patients, who were, perhaps, the "Bluebirds" most appreciative audience. Even the grey-bearded "baba's" had to smile and say their thanks to the busy, little flock, so intent not to miss a single patient. If Pakistan's children are learning this sort of living, then the country need not fear for its future.

The hospital cleaning staff had only a half-day duty and before checking out to go home were given the good news of a raise in salary, a real Republic Day bit of cheer. The wage scale of the hospital has been reviewed and it was felt that more allowances should be given the personnel, such as travel and housing allowance and an increase in basic pay. By helping raise the standard of living we can make a genuine contribution to our struggling new Republic.

Sr. M. Pierre, R.M.L.
Holy Family Hospital, Rawalpindi.



Pediatrics was first on the "Bluebirds" list.

Holy Family Hospital, Rawalpindi, is celebrating its 30th birthday this year. It is the mother hospital of all the Medical Mission Sisters' Hospitals throughout the world.

KARACHI

Variety in the Nursery

This is a busy season in the nursery. There are all sorts of babies here—big and little ones, pink and pale ones, light and dark, and just plain white ones. One of the newborns has two teeth and another has six fingers and toes (which is regarded by the parents as a good omen and they are delighted. I hope it is, because the child is premature and hasn't much life so far). We have 16 prematures at present and are kept very busy on a two and three hourly feeding-schedule.

There is one little waif in pediatrics who is 18 months old and weighs 9 pounds 9 ounces. Fortunately she was discovered by the social worker last week end brought to Holy Family Hospital where we have been trying to build her up and put some life into her listless little frame. She was such a bag of bones on admission, that it is a joy to see life gradually returning to her.

Sr. M. Ruth, R.N.
Holy Family Hospital, Karachi.

INDIA

New Hospital in Operation

The work in the hospital building in Patna is going fast. Already we have 50 patients here and every day for the past week I have been running up and downstairs trying to get blankets, mattresses, curtains, etc. into the 20 private rooms so that when a patient arrives there is something ready.

Old Holy Family Hospital (in the city) runs a record of over a hundred patients daily in spite of the famine conditions in this part of the country. The river in front of the hospital here is evidence of the lack of monsoon this year . . . several miles of sand instead of water.

Sr. M. Adelaide
Holy Family Hospital, Kurji.

"Only Son"

One of our recent patients was a perfect little angel, age 7, the only son of a local military commander. A more wonderful candidate for general anesthesia we haven't had in a "century". But the father was worried. He had already lost two sons.

I was reminded of Father Farrell's book, "Only Son". Perhaps the full implication of that title can only be appreciated in the East, where the concept of "son" seems all out of proportion to that of "daughter". The sacrifice of Abraham looms even greater in an oriental setting, and the great gift of God—His only Son —must have almost overwhelmed His Eastern listeners and disciples. The night before the operation, Sr. David had come upon the father doing puja before the image of a god, for the success of the procedure. To be sure something of his concern penetrated this Western mind also; and despite the fact we expected no trouble, there were a few extra "Aves" wafted heavenward pro-op on our part, too. All went well.

Village Heroine

It was Florence Nightingale Day and that evening one of the unsung "Florence Nightingales" of the world brought in the mother of the twins. She was an elderly woman, a pre-eclamptic with mild edema. We will call the heroine Bimla — I don't know the real name of the young Hindu auxiliary nurse-midwife. She belongs to a little village about 10 miles up the road, and escorted her patient in by truck about 8:30 P.M. Her own trip had begun at 11 A.M. when she got the call to come to this patient. After about 2½ hours on her bicycle over roadless roads, she had reached the home. Urgently she told the patient's family they must bring her to the hospital. After all the members of the family were convinced the men went out and rigged up a charpoy on poles so that the woman could be carried to the road, which they reached between 4 and 5 P.M. But no bus would stop for them. Finally they got a willing truck driver to take the charpoy and patient, the relatives and the midwife—for a consideration, to be sure. A long day's work for both Bimla and the patient, and not over yet. In fact, it wasn't over till the last stitch was in at 11 P.M. and both Ma and Pa had seen their tiny 3 lb. 8 oz. twins.

For them a happy ending, for us only the beginning, of the uphill fight for the life of the premature infants, without the refinements of incubators and the like.

Sr. M. Frederic, M.D.
Holy Family Hospital, Mandar.

VENEZUELA

Meditation for Lent

There is one area not far from the hospital in Caripito, originally the side of an old oil well. Gas constantly seeps from the earth and up from a creek that runs through the place. This natural gas has been ignited so that the impression given is that of the earth and water burning. The flames on the water give one to believe that the water is boiling. It is like a living picture of the physical flames of Hell. The people nearby utilize this phenomenon for cooking their casava, a large pancake-like bread made from a ground root vegetable.

Sr. M. Blaise, R.N.
Sagrada Familia Hospital, Caripito

OUR COVER

In this season of Lent, we can see more clearly that the cross is the true meeting place of East and West. The East is represented by the rising sun and the West by the setting sun. And in His crucified gesture of Love, Christ stretches out His Hands to East and West—redeeming all Mankind."
Robert McGovern

Indian Sisters of St. Anne, Brides of Christ, founded by Mother Cecilia.

THE BRIDE SAID "NO"

Sister M. Richard

The drum beat was quick and light. Its sound became a wedding invitation as it echoed around the hills calling the villagers to the celebration. Everywhere in the world but especially in the East, a wedding is an occasion of great rejoicing. And this was a special feast for it was not the marriage of one, but three couples. Puran Prusad Kispotta was a man respected by his aboriginal tribesmen. He had, in accordance with tribal custom, arranged a suitable match for his lovely 14-year-old daughter Cecilia, for his second daughter Bernadette and even for Veronica, his niece.

The day was bright with promise. Puran Prusad was proud. The grooms and their families approached the canvas tent made splendid with garlands and garlands of flowers both paper and real. The three brides stood waiting, shy. There was almost a look of fear on their faces. Neighbors, friends, guests crowded round. The villages of the area turned out en masse for this occasion. All were ready for the first of the ceremonies authorized by age-old tribal custom, when the groom offers to his future bride the "lota pani", the cup of water which is symbolic of their mutual pledge. Such an agreement has a force more binding than the engagement ring in Western countries.

The tall young Aboriginal advanced and offered the cup to Cecilia. Puran Prasad could not believe his eyes. Cecilia refused. She refused the marriage cup. There must be some mistake. This child is excited. But no, it was with calm deliberateness that she refused. The father came close and assured his daughter that all arrangements were in accordance with their new found Catholic religion. Even the Archbishop of Calcutta knew of the marriage. Cecilia remained unmoved. Again she refused the "lota pani". The crowd reacted, there was an air of wonderment and expectancy. The

two other lads presented their cups to the brides their parents had chosen while Puran Prasad tried to reason with Cecilia. He tried argument, even threats and blows. Cecilia remained adamant. Even more startling, her two companions also refused to accept the cup.

Never in the memory of the tribe had such behaviour been witnessed. What could they mean? How did they dare? Quite simply Cecilia explained she could never marry because she wanted to become a Sister and a Sister did not marry. In a remote Indian village among a tribe of Aboriginal people, who if they were Christians, were only recently converted, this was a declaration difficult to understand. It was unheard of that girls should not marry. This was something new, never spoken before, this wish to be a Sister.

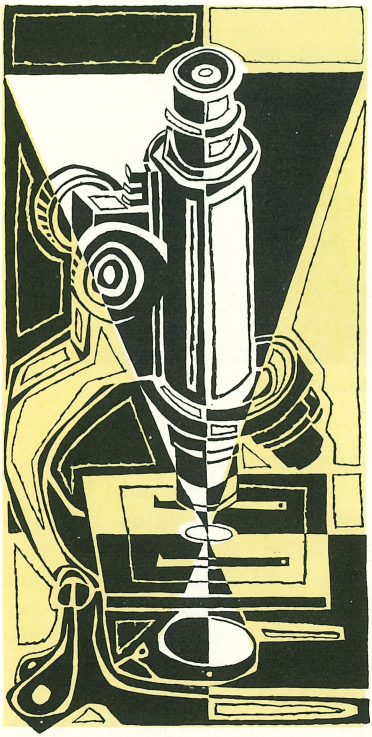
Some of the villagers knew of the European Sisters, the white ladies, who taught at the school where Cecilia, Bernadette and Veronica went, but they were Europeans not Aboriginal girls. They had their customs; tribal peoples had theirs.

Cecilia the ringleader of this infamous action was locked in a tiny room. She remained firm in her belief that she must be a Sister. Cecilia did not wish to be a Sister like the white ladies whose standard of education and mode of life would hardly suit her simple village taste. She would be a Sister living like her own people, dressing as they did, working side by side with them, dedicated to their welfare and conversion. She would ask the European Sisters to help show her the way.

It was sometime before Cecilia was freed from her makeshift jail. It was only after beatings and trials that the girl gathered together her band of four and knocked at the door of the Convent of the Sisters of Loreto. The carefully laid plan withstood the test of time and probation, and the investigations of the hierarchy. Thus Cecilia became a foundress at 16.

That was in 1897. In 1956, Mother Cecilia died of cancer in the Medical Mission Sisters' Holy Family Hospital in Mandar, India. Her life and work reflect the flowering of a great Catholic endeavor — the missionary enterprise of the Church, the building up, of the Body of Christ. It was possible because an apostle came into a rural section of India to a people reputed to be among the most primitive of tribesmen. Father Constans Lievans, S.J. brought the Faith to the Aborigines of Chotonagpur. Many were receptive and God's grace worked wonders.

In the heart of a simple child, God awakened the desire for what was previously undreamed of, the religious life. Cecilia accepted this betrothal. She founded the first religious community of Aboriginal women. She led them for over 50 years. Her holiness inspired them. Her wisdom guided them. Her courage strengthened them. Today, there are over 200 Sisters of St. Anne working among the villages of Ranchi to bring God and His love to their people. The congregation has few of the accidentals usually associated with religious communities. The Superior General is called the *Bari Mata* — the big mother. The habit is the area's native dress. Most of the members of the community have never been beyond the boundaries of the district of their birth. Few know any other than their tribal tongue. Yet these Religious women are writing one of the most glorious chapters in the history of the Indian Church.

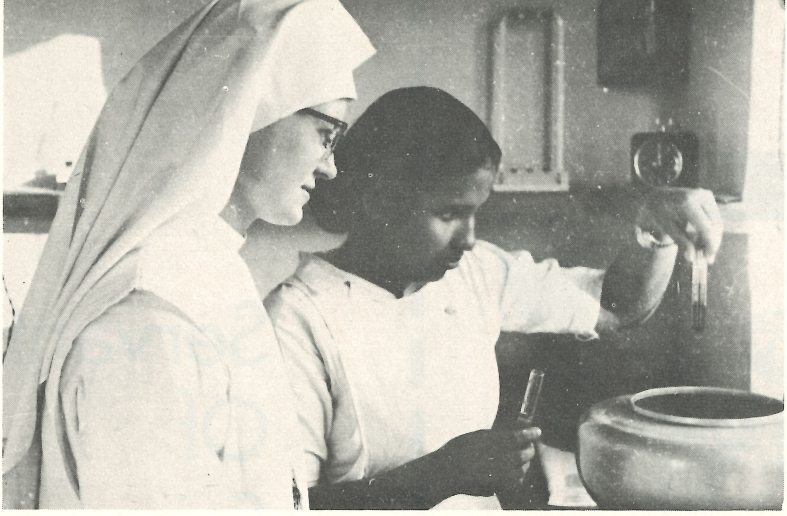


Servants Of Science

Sister M. Evelyn, R.M.T.

"Sister his blood is full of worms." "Let me see," I exclaimed. Carmel Thomas and I had been called back on duty to check a type and cross-match. It was about 9:00 P.M. A female recipient had had a very serious blood transfusion reaction—she had vomited blood and was now in shock. I had received the unused portion of the blood and had repeated the type and cross-match. Both seemed all right. Just then the donor, her son, happened to walk past the lab door. I recalled him and took another 5 cc from him. As I had drawn the blood for the transfusion myself, there was no question of having taken the wrong donor... Frankly, I was very worried by this time. Carmel began to set up the type. While I watched her, I marvelled how well she had done in the past nine months. Here was a typical Indian village girl . . . one who had never seen such an apparatus as a centrifuge, a syringe, a test tube rack . . . before she came. Nine months ago she didn't even know what a microscope was. Now all these had become as much a part of her, as rice and curry.

And so it has been with all my students. All have shown a scientific curiosity and have come, or were sent to me for training. Here in Mandar, Holy Family Hospital, we are able to give our students plenty of good clinical work. As the lab turns out somewhere between 1400 and 1700 tests a month it is ideal for training students and gives them a good working knowledge of routine



Sr. M. Evelyn, R.M.T. and student technician Carmel Thomas.

procedures. True we can't do everything in the line of chemistries, bacteriology and histology because of our lack of space and equipment (our lab is 5 feet by 10) but I give them the theory and what I can't show them, we make up by visiting labs that do these examinations.

Ordinarily the course is 12 months. They must be at least high school graduates. Usually they have not had much in the sciences, for this reason they know nothing about such things as valence, elements, chemical symbols, . . . e.g. sodium Na, Hydrogen — H etc. Many things have to be presented to them very simply at first. In the early days of their training they make the same mistakes we made: using too bright illumination, not keeping both eyes open, breaking hemacytometer cover slips, and the like. They also find it difficult to learn to differentiate eosinophils from polys, and they always have difficulty doing visual hemoglobins with Haden-Hauser hemaglobinometer. Like all normal students they shy away from studying yet when they have a problem they can ask any number of questions that keeps teacher up late at night—looking up the answers. Chemistry is their most difficult department and some theories such as the Second Order of Antibodies are equally as difficult.

"Sister", his blood is full of worms!"

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Carmel's exclamation brought me out of my reverie. I could see the graceful movement of the organism as it swam among the red cells.

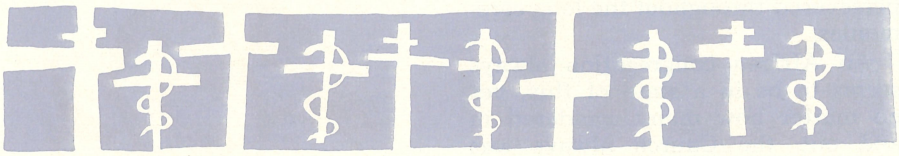
"Frankly, Carmel," I have never seen this before." I said, "it could be Wuchereria bancrofti, a microfilaria which causes elephantiasis, or could be a filariform larva of hookworm on its way to the lungs."

"Why didn't we see it this morning when we typed and crossed matched him? and look Sister there are more here."

"Filaria live in the vessels of visceral organs in the day time and in vessels of the peripheral circulation at night. So that would explain why we didn't encounter them in the morning and why we are seeing them now. But we won't know positively until we stain one and can study its morphology."

For the next two days we tried various stains but to no avail. We kept the clot in the ice box and each day that we took it out to work with it, we could still find these worms living and moving around. Finally I made up some fresh Giemsa's stain and with this we were able to identify this organism as a filaria. At least I know that the microfilaria had been responsible for the reaction. The patient survived, and was discharged the following week.

As yet, there is no national registry of medical technicians in India. We give them their final exams and diploma from our own school of Technology. I enjoy teaching our Indian girls and it is a marvelous experience to see them overcome the difficulties of the field . . . and slowly bloom into capable technologists. When I see the struggles they go through to learn to pipette blood, to fill the counting chamber . . . when I see them patiently studying a specimen under the microscope, then I am sure that there is a treasure of technical ability hidden in their hands and when it is developed these people will have a great deal to offer in many other fields as well.



The Debt Science Owes To The Technologist

"Is it not moving, to think of the fidelity, at times heroic, of some one or other servant of science—who must remain at his post day and night . . . at times...thanks to him no link will be missing in the records of investigation..."

PIUS XII

EASTER PARADE IN GHANA

Sister M. Raphael, B.S., Pharm.

During Holy Week the flame-of-the forest trees were ablaze with red blossoms. They seemed to add color effects to the ceremonies as the rays of the late afternoon sun slanted through them into the closely packed church and highlighted the varicolored cloths of the people. No one seemed to mind the heat although it almost shimmered on the bare shoulders of the little African children in front of us. Alternately they knelt, and sang, and wriggled, yet persevered throughout the long ceremonies.

An African congregation always seems to be in a state of flux, yet no matter how many wandered in and out, the Church always was crowded . . . with dozens lined up at the windows outside. Holy Week, especially Good Friday, is a most important time of the year.

We read that the Liturgical Commission had suggested that the Veneration of the Cross be *enmasse* rather than individually. That would be a great disappointment to the Ashantis. This year as they filed up to the Altar the line seemed endless. First the men, then the women shepherding the youngsters. Everyone must "Kiss Cross"—from the smallest toddler to the tiny infant who gets taken off mammy's back and held up to the Cross.

And all the while the tin roof steamed in the heat, and the flies buzzed in and out of the windows investigating the mangos and chunks of bread the little children had as reinforcements. How much Our

Blessed Lord must have been bothered with flies as He hung bleeding, unable to move His outstretched arms.

Eventually the Veneration of the Cross was completed and the liturgical action continued. Up to that time we thought the Church was packed, but it really was not . . . The Reverend Father encouraged the ushers to go outside and try to get in as many people as possible—"still lots of room in the middle aisle."

Everyone wears their very best clothes for Good Friday, dark colors, or the funereal red or orange. I counted three little girls in velvet blouses, and an old lady was wrapped up snugly in a heavy velvet wrap.

At the Easter Saturday Vigil service the blessing of the candle was appropriately in total darkness, no moon or street lights to break the blackness. Then as the glow of the large, beautifully decorated Paschal candle spread through the Church there was a delighted gasp of "O o-o-o-h" from the little children in the front benches. They had never seen such a magnificent candle. However, as the ceremony progressed, the Prophecies did not hold their attention as did the lovely candle; one by one they slipped off in slumber, their heads on their crossed arms, a few stretched out full length on the plank benches. Even the bare-footed servers got sleepy. After renewal of Baptismal Vows when Father turned to them for the Holy Water he found them stretched out napping on the Altar steps, their soles bared to the Congregation. (Did some of them remember the prostrations of the former Holy Saturday services?)

Holy Saturday had been especially busy in the hospital, and the doctor and O.R staff just finished a major operation before the Vigil Service began. They could appreciate the little servers' sleepiness.

In Ghana, as the world over, nature is especially joyful and colorful

for Easter. And vying with the scarlet and gold blossoms were the Easter frocks and Kente cloths of the congregation who attended High Mass on Easter morning. The people all joined in singing the High Mass, and the concluding Alleluias of the Easter Hymn had an especially joyous bounce.

I am the true vine, and my Father
is the vine dresser. Every branch
in me that bears no fruit He
will take away; and every branch
that bears fruit, He will prune that
it may bear more fruit.
JOHN 15, 1-3

Lent is a time of pruning, of tussling with nature and bringing it under subjection. A cold, March morning spent in silence, working on the grapevines makes it easy to think of Our Lord's words and live in the spirit of this holy season.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Please send me literature about becoming a Medical Mission Sister. I understand that this does not bind me in any way.

Name .....

Street .....

City ..... *Zone* ..... *State* .....

BOOKS

Missals, Libers (Gregorian Chant), and spiritual books for novices and nurses in the missions. Secondhand ones will do.

ECONOMY WHEEL CHAIR

For Holy Family Hospital Patients in Patna, India. $50.

DIAPERS

Thousands needed for all our nurseries
1 *doz.* $1.75.

PAINT

15 gallons of silver paint for ward beds in Dacca Holy Family Hospital.
1 gallon $5.00

STAMPS

Cancelled and mint for our Philadelphia Building Fund. Bills begin to pile up in April, when the building of the new novitiate begins.

TRACTION SET

For bad fracture cases in Techiman Holy Family Hospital, Ghana, Africa.

$35.

VITAMINS & MEDICINES

Vitamin drops, ANTIBIOTICS, Sulfas, Calcium, Iron-liver tablets, Analgesics Injectables of all kinds . . .

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

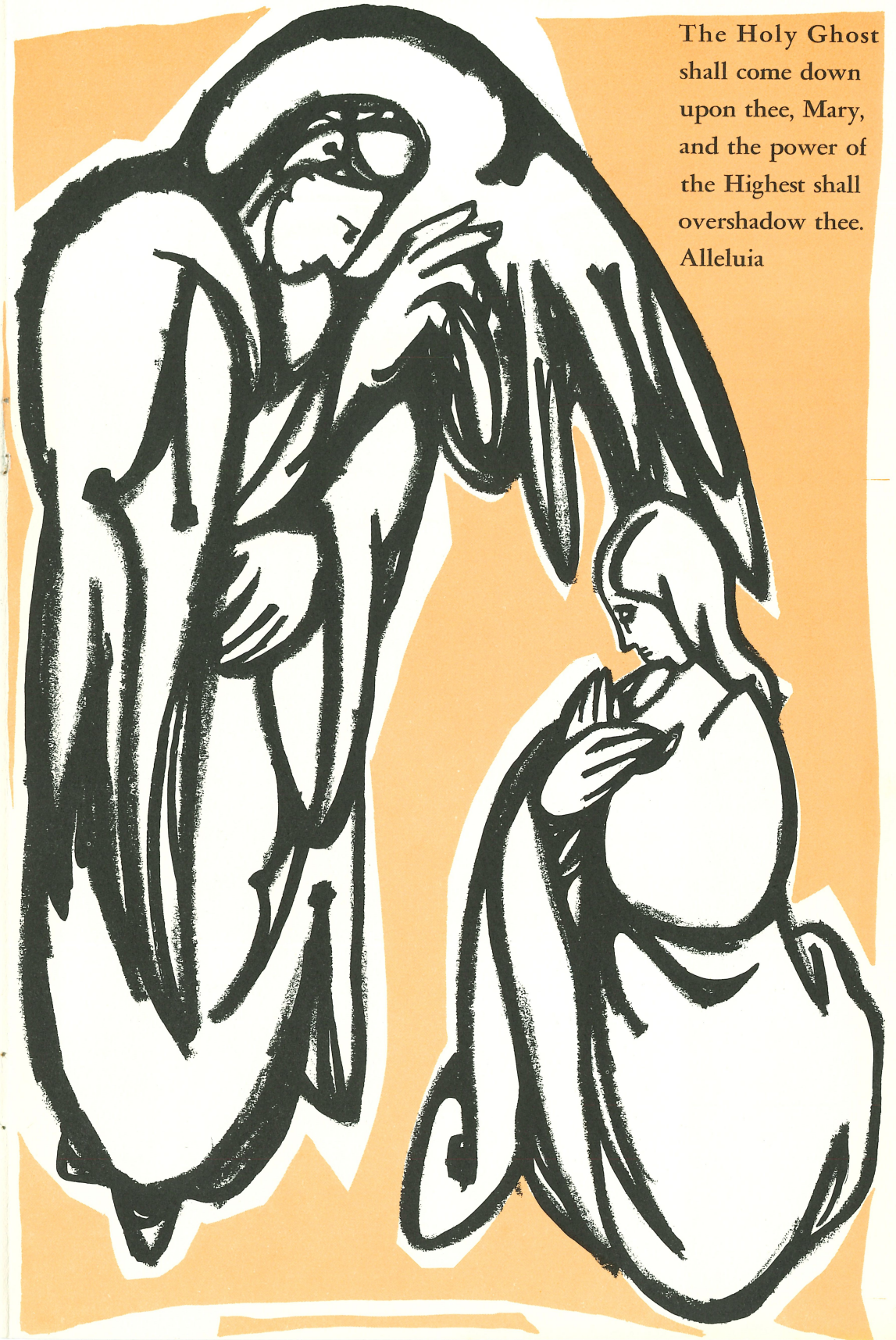
Dear Sisters:

*Here is my gift $*_____*towards your mission needs in*_____

Name _____

Address _____

*City*_____ *Zone*_____ *State*_____



The Holy Ghost shall come down upon thee, Mary, and the power of the Highest shall overshadow thee. Alleluia

do you know . . .

1. that WE LIVE IN THE OLDEST STANDING HOUSE IN PENNSYLVANIA.

2. that our Novitiate, built in 1645 and called the "Ury House" is a mere 313 YEARS OLD?

3.

that George Washington once visited our house and gallantly ate the strawberries his excited hostess had "sugared" with salt?

4. that John Adams has his name scratched on our windowpane?

John Adams

5. that Thomas Jefferson planted a pecan tree on our lawn?

6. that the same roof that sheltered J. J. Audubon, William Penn's two grandsons and Edward VII is STILL above our crowded heads?

7.

THAT WE NEED A NEW NOVITIATE BUILDING ?

Not because we don't like the historical atmosphere of Ury house, but because our country's founding fathers did not know how many Novices would one day live there, or they surely would have made it ten times bigger!

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my contribution $_____ towards helping the Sisters reach their destination — more housing.

Name _____

Address _____

City _____ *Zone*_____ *State*_____